

State of: _____ Last four digits of employee SSN _____

County of: _____

_____, being duly sworn, deposes and says:
(Employee/Affiant's Name)

I hereby acknowledge receipt of payroll check number _____,
dated ___/___/___, in the amount of _____, payable to the order of
the undersigned.

I further acknowledge and affirm that the said check has been _____ (lost, stolen,
destroyed, etc.) and has never been cashed or otherwise negotiated in anyway by the undersigned or by
any agent on my behalf.

I acknowledge that, in reliance upon my representations herein, I will be issued a replacement
check in the place and stead of the above-described check and I agree to return the above-
described check if it should ultimately be found or discovered.

I further acknowledge that I may be subject to civil and criminal penalties (including criminal
prosecution for fraud and perjury) if it is ultimately discovered that I have cashed or otherwise
negotiated (or allowed to be negotiated) the above-described check.

(Employee/Affiant's Signature)

(Print Employer's Name)

(Print Employee/Affiant's Name)

(Print Company Name)

(Print Employer/Affiant's Address)

State of: _____
County of: _____
Sworn to before me this _____ day of _____, 20____
(MONTH) (YEAR)

Notary Public _____
My Commission Expires: _____ / _____ / _____

Paychex Use Only
Office/Client #: _____
Client Name: _____